

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 26103

FILED AUG 8 1941

Registration District No. 780

Primary Registration District No. 101

Registrar's No. 1469

1. PLACE OF DEATH:

(a) County St. Louis
(b) City or town Clayton
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: St. Louis County Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether
In this community _____ years, months or days)

3. (a) PRINT FULL NAME John O'Malley

3. (b) If veteran, name war none 3. (c) Social Security No. none

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced W
6. (b) Name of husband or wife Mary 6. (c) Age of husband or wife if alive Deceased
7. Birth date of deceased Sept. 23 1882 (Month) (Day) (Year)

8. AGE: Years 58 Months 9 Days 20 If less than one day _____ hr. _____ min.

9. Birthplace Bridgeton O Mo. (City, town, or county) (State or foreign country)

10. Usual occupation Mechanic

11. Industry or business self

12. Name Patrick O'Malley
13. Birthplace Kentucky (City, town, or county) (State or foreign country)

14. Maiden name Martha Coffee
15. Birthplace Illinois (City, town, or county) (State or foreign country)

16. (a) Informant Ann Brandt

(b) Address 5976-Julian Av St. Louis, Mo

17. (a) Burial (b) Date thereof 7-16-41 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Fee Fee Cemetery

18. (a) Signature of funeral director Blumman Bros Inc.

(b) Address 2504 Jefferson Rd - Overland, Mo.

19. (a) JUL 15 1941 (b) 2 R Meyer Mo. 8002 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis
(c) City or town Cross Keys (If outside city or town limits, write "RURAL")
(d) Street No. X (If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 13 year 1941 hour 3:40 minute A. M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____; that I last saw him _____ alive on _____, 19____; and that death occurred on the date and hour stated above.

Immediate cause of death By being struck by a hit and run automobile driver while-a on a public highway. Duration _____
Due to Multiple fractures; rupture of liver; hemopneumothorax.
Due to _____

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy Yes

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) Accident
(b) Date of occurrence July 13, 1941
(c) Where did injury occur? Robertson, Mo. (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? Public place (Specify type of place)
While at work? (e) Means of injury

23. Signature Louis H. Borg (M. D. or other)
Address Kirkwood, Mo. 7/24/41 Date signed

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.....
working under my personal supervision.

Signed.....

Oscar F. Mueller

Licensed Embalmer No. *3039*

P. O. Address *Overland Park*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.